BANGS (L. B.)

SOME OF THE EFFECTS OF "WITHDRAWAL."

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SOME OF THE EFFECTS OF "WITHDRAWAL."

The term withdrawal has been used to indicate one of the methods of preventing conception. The extent to which this method is used and the ignorance of its effects, both by laymen and medical men, are equally deplorable. The saying, "that the breaking of a law of nature brings its own punishment" may be a trite one, but in no region of the body is it more true than in the genital apparatus. The degree to which this punishment is experienced varies with the susceptibility of the individual and with the frequency or the intensity of the exciting cause, but it is sooner or later felt by all who practice habitually this form of conjugal onanism. Its effects upon the female I have nothing to do with, and must refer all such considerations to those who are expert in diseases of that sex. I believe, however, that its evil results are most intense in the male. He is the energetic, active participator in the sexual act, and is sure to suffer the most from its abnormal or unphysiological performance. The result may not be experienced until after the cause has been in operation for months or even years, but it is certain to come.

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495
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Consider for a moment what takes place during the abnormal performance of the sexual act. In response to the wish of his wife, or perhaps of his own selfishness he undertakes the conjugal act with the distinct purpose of making it incomplete or imperfect. He is, therefore, watchful lest the ejaculation should take place within the vagina, and his wife is also watchful lest in an unwary moment he should impregnate her. They are, therefore, not at ease. There is none of that emotional freedom which happily married people know. Consequently the male is led to prolong the act as long as his will enables him, because (as many have told me) he is not "satisfied." When he can no longer withhold the ejaculation of semen he suddenly, sometimes violently, withdraws from the vagina, the semen is spilled, and he suffers what the French call a "*coup de piston.*" At the same instant some men experience also a momentary sensation of disgust and of anger towards the spouse. Men of refinement and perfect loyalty to their wives have admitted this to me after careful cross-questioning. Therefore neither psycologically nor physically are they comfortable and at rest. Now, what is the effect of this? Manifold. In the first place, they are never sexually satisfied. They are continually hankering after coition. The act is consequently repeated too often—three, six, seven times a week, according to temperament, but always in the same abnormal way. The consequence is that the physiological congestion of the prostate and associated parts, which is a part of the sexual act,

and which should be relieved immediately after, soon becomes a chronic hyperæmia. The blood vessels remain dilated and finally changes in nutrition, indicating varying grades of inflammation, make their appearance. Furthermore, as a result of this chronic hyperæmia, the prostate and seminal vesicles lose their vital resistance and easily become a field for the lodgment and development of tubercular foci.

It is never an easy matter to obtain from these individuals a clear and definite statement of their sexual habits. It is only after careful and often ingenious cross-questioning that the facts can really be ascertained. But when a married man, especially, comes complaining of so-called neuralgia of the testicles, of neuralgic pains in different parts of the pelvis, of pains similar to those experienced by men with stone in the bladder, of frequent urination, and especially when the same individual says frankly and honestly that he has never had gonorrhœa, or has not had it for many years, then the cause should be suspected.

The time which I have had to prepare this paper has been so brief that I shall present to you two cases only to illustrate the points which I have presented for your discussion.

Take first the case of a young man, aged 33, who has been married five years. He has no children, and his wife has never been pregnant. During the early part of married life intercourse was quite frequent, nearly every day. Of late years he averages twice a week, sometimes oftener. For about two years he has had attacks

of pain in one testicle or the other, sometimes in his groins, sometimes across the sacrum. It seemed to him that a change of position would relieve these pains, but they are more or less constant. He has never had any venereal disease. He usually rises once toward morning to urinate, but has no difficulty nor undue frequency of urination. He does not smoke; occasionally takes an alcoholic drink of some kind, but is strictly temperate. Examination of his urethra shows it to be entirely free from stricture; there is no abnormal tenderness of the prostate found by examination per rectum, but there seems to be an increase in the density of the organ. Examination of his urine shows no abnormal conditions.

This patient had been under careful treatment by the practitioner who sent him to me, and it looked as though a diagnosis other than that of "neuralgia of the testicle" would not be made, but suspecting that there might be some cause for his wife being still childless, and that this might also be the cause of the onset of pain since his marriage something like the following colloquy ensued. Even at the risk of being prolix I venture to quote it in order to suggest to you a method of cross-examination.

"Well, you say you have no children?"

"No."

"Your wife does not want any, does she?"

"Well,no, not that exactly, but I do not want any."

"Why don't you want any?"

"I do not think I can take proper care of them."

"Well, then, if you don't want any you take some means to prevent having them?"

"Yes."

"Does your wife do anything?"

"No."

"Then you do yourself?"

"Yes, I do"

"You "pull out," don't you?"

"Well, doctor, I might as well tell you. Yes, I do."

"You have always done that since you were married!"

"Yes."

"Every time you had intercourse?"

"Yes."

"Well, was such an act of intercourse satisfactory?"

"Well, sometimes it was, and sometimes it was not."

"Did you ever feel actually relieved physically as the Almighty meant you to feel?"

"Well, I don't know that I did."

"You have kept that practice up these five years?"

"Yes."

"Well," I said, "You are just beginning to experience the punishment which is due for such an interference with the laws of nature."

Now, in this individual, who has only persisted in this interference for a short time, the attacks of pain are not severe, his condition of well-being is easily maintained, and as yet there are no evidences in his urine of any change of nutrition in

his deep urethra. In other words, there is no chronic posterior urethritis. This man has got well by acting upon my advice to be physiological and unselfish in his sexual intercourse and by the occasional passing of a sound.

Take another case. A very robust, vigorous, well-to-do man. He has been married 23 years. He has had two children, the youngest being 16 years of age. Since the birth of this child his wife has not been pregnant, but he has had all these years frequent sexual intercourse, averaging at least three times a week. For several years he has had what he describes as a full feeling in both testicles and a burning sensation, sometimes extremely intense, along the perineum and about the anus. This burning sensation has at times been so acute as to interfere with his business. He has had also pains in both testicles, especially in the right, and for the past five or six months these pains have become intensely severe. Sometimes they are of an acute, darting character, which has been difficult for him to bear. He has been a chaste man and has never had any venereal disease of any kind. His urethra is entirely free from stricture. Per rectum, the prostate is of increased density, and exceedingly sensitive to slight pressure, and this pain is experienced also in the glans penis. In his urine are abundant flakes and shreds, indicative of a chronic posterior urethritis. The endoscopic tube introduced into the deep urethra shows a characteristic hyperæmia of the mucous membrane, resembling raw beef in appearance. This hyperæmia shades off into

the bulbous portion of the penile urethra.

It was exceedingly difficult to obtain from this man the confidence that was necessary to enable me to make a diagnosis. The conversation as narrated in the other case was varied somewhat, but it was finally revealed that the wife was unwilling to bear any more children, and therefore in response to her wishes he regularly and systematically "withdrew." He is an ardently affectionate man, very loyal to his wife, but he confessed that every time he is compelled to interfere in this way with the procreative act he cannot resist feelings of disgust with himself and anger at his wife.

This individual required long and careful treatment of the deep urethra before he was relieved of his intense burning sensations, and of the sharp, darting twinges of pain in the testicles and scrotum—the latter being the last to be relieved.

It will be observed in studying this second case that here the exciting cause having continued longer the result was a more serious one, and had already been elevated to the grade of a chronic inflammation of the deep urethra.

In conclusion, it may be remarked that in these individuals treatment may easily be overdone. Contrary to chronic posterior urethritis of gonorrhœal origin, strong solutions of silver nitrate seem to aggravate an inflammatory condition, due to such a cause. These patients are often made immediately and seriously worse, especially if the cause of their difficulty is not suspected and interdicted.